

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002, West Sacramento, CA 95798-9002
(800) 952-5210 Fax (916) 575-7290 www.bsis.ca.gov



REQUEST FOR COMPANY NAME CHANGE REPOSSESSION AGENCY

No Fee Required

(An incomplete form will not be processed.)

License Number

RA

SECTION A: REQUIREMENTS (Bus. & Prof. Code, §7503.)

- ❖ You may not operate under a requested company name unless and until you have obtained written authorization of the Bureau to do so.

SECTION B: LICENSEE/APPLICANT INFORMATION (PLEASE PRINT)

Requestor Name	(Last)	(First)	(MI)
Position Title	Current Company Name		
Last 4 digits of your Social Security Number	Date of Birth (Month/Day/Year)		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

SECTION C: REQUESTED COMPANY NAMES (Bus. & Prof. Code, §7503.)

- ❖ Please list at least five names for consideration. The first name requested will be approved unless the name could be confused with, is misleading, or deceptive, or is similar to, any federal, state, county, or municipal governmental function or agency. In addition, any name that may tend to describe any business function or enterprise not actually engaged in by the applicant, or any name which is the same as, or so similar to that of any existing licensee as would tend to deceive the public, will not be approved.

1.	4.
2.	5.
3.	6.

SECTION D: LICENSEE/ APPLICANT CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate, and that I did not change my company name for purposes of fraud.

Signature of Applicant	Date
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